

5 steps to evaluate impact on health inequalities

The third sector plays a crucial role in mitigating and preventing health inequalities in Scotland, but the impact of the sector is not always understood.



Evaluation Support Scotland works with third sector organisations and funders so that they can measure and report on their impact. In February 2018 we spoke to organisations about their experiences of evaluating impact on health inequalities.

Key messages

1. There are **no common measures** in evaluating impact on tackling health inequalities because the sector is too broad. Measures depend on the activity being delivered.
2. However, organisations can adopt a **good practice process** to help them demonstrate their impact. This guide sets out 5 steps organisations can take to evaluate their impact on health inequalities more effectively.

These steps are



Step 1: Define the problem

Be clear about the specific **problem** you are trying to solve. You can identify the problem or 'need' by either drawing on practice based experience, evaluation, research or asking people.

Define which risk factors you are mitigating or preventing, or which protective factors you are building. Organisations may focus on primary prevention (broad, non-targeted approaches), secondary prevention (working to support those who may be at risk) or tertiary prevention (supporting those with high needs).

For example...

Roar Connections for Life provides health and wellbeing services for older people. Through research, listening to older people and through their own experience they understand that keeping people socially connected and mobile are protective factors in preventing falls among older people.

By keeping people on their feet they are helping to reduce poor health outcomes for older people usually triggered by a fall. Activity is targeted towards those at risk of falling (secondary prevention).

Step 2: Clarify who you will reach

Be specific about **who** you intend to reach with your activities. Understanding the problem or need will inform who your interventions should be targeted towards.

Some organisations aspire to move to earlier intervention, in order to address need before it becomes acute. Earlier intervention may mean identifying people at an earlier stage or identifying risk factors in other groups of people and targeting interventions.

For example...

Circle offers a range of whole family support services that promote children's development. They identify those most in need of support by: mapping need local, drawing on data from alcohol and drug partnerships and consulting with families. This helped them identify a gap in their service provision, which led them to establish a project focusing on supporting fathers. An understanding of their local community profile enables them to be responsive to need.

Step 3: What change you will make

Setting clear and concise **outcomes** can help you clarify the specific difference service users will experience as a result of your interventions and help you work out what you need to measure. It helps if outcomes are; succinct, directly related to need, realistic and within your power. If related to prevention, focus on early outcomes.

Setting clear **indicators** helps show when outcomes have happened. This helps you understand what "success" looks and decide what changes to measure.

For example...

Lochee Parish Church provides support for people recovering from addiction. They know that people experiencing addiction make a better recovery when they are connected to their community because this gives individuals a sense of hope.

One of their outcomes is: People on the recovery pathway are less isolated

One indicator: "There are people who I can turn to for help"

Step 4: Collect evidence to show impact

Evidence relating to tackling health inequalities comes from a range of different sources, including observations, feedback from service users, records, reviews, care plans and feedback from referrers.

- Some organisations find the most effective methods are those which they have designed with service users in mind.
- Capture a baseline (if possible).
- Capture numbers and stories.

For example...

FDAMH provides services for people experiencing mental health problems. They collect a baseline for the befriending project by using initial assessments (includes feedback from individuals, referrers and family members) and the well being scale.

Qualitative feedback is captured using the experience capture tool which they developed for ad hoc comments and observations. They find it easier to collect evidence when there is an established relationship with individuals.

Step 5: Relate to higher level outcomes

It is helpful for organisations to describe the contribution they make to higher level outcomes, whether these are national or local outcomes.

Some organisations use logic models or chains to describe their contribution to national outcomes or local strategic outcomes.

For example...

Healthy Valleys run early interventions in rural South Lanarkshire to reach parents with young children experiencing isolation, mental health problems or addiction. They aim to build up social networks and increase confidence. They understand that this improves the mental and physical health of families. They report against each of the nine National Health and Wellbeing Outcomes.

“Budgets are so tight so we raise awareness of the part we play in the bigger picture”

Contact details

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